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GUY P. JONES
EDITOR

*Progress Made in the Development of Local Health Service and the Status of Trained Personnel in Official Health Agencies in the Rocky Mountain and Pacific Coast Areas**

FRED T. FOARD, Surgeon, Regional Consultant, U. S. P. H. S.

According to the records of the Division of Rural Sanitation of the U. S. Public Health Service, the Pacific Coast is credited with having developed the first full-time county health department in the United States. This department, organized in Yakima County, Washington, early in 1911, reverted to part-time status about five years later and the county did not again develop a full-time county health department until the late nineteen twenties. In the Rocky Mountain area, Cascade County, Montana, was the first to operate a full-time county health department which has continued uninterruptedly on a full-time basis to the present time. The Cascade County Health Department, organized early in 1920, was preceded on a continuous basis in the Pacific Coast area only by the Los Angeles County department in California, which was organized in 1915.

Other counties which had developed whole-time health service by the middle nineteen twenties included, in the Rocky Mountain area, Santa Fe and Union counties in New Mexico, and Cascade, Lewis and Clark, and Missoula counties in Montana; and on the Pacific Coast, Orange, Monterey, San Joaquin, San Luis Obispo, San Diego and Santa Barbara coun-

ties in California and Lane County in Oregon. From 1926 to 1930 the number of counties in the Western states in which full-time health departments were organized increased to a total of 27. There were 14 in California, 4 in Montana, 1 in Washington, 6 in New Mexico, and 2 in Idaho. The increase during the following five year period, 1931 to 1935, was only nineteen departments, bringing the total to 46 in the eleven Western states comprising the Rocky Mountain and Pacific Coast area. Thus the progress made in the development of local health service during the fifteen year period 1920 to 1935 was slow.

When federal funds were made available to the states in February, 1936, to assist in the development of state and local health service there was a rapid expansion in the development of full-time local health service in the Western states and on June 30, 1940, (less than four and one-half years after Social Security funds became available) 141 counties in the Western states were being provided with reasonably adequate full-time health service by 86 county or district health departments. During this four and one-half year period the increase in the number of departments was 40, or 87 per cent and the increase in the number of counties served by all 86 departments was 95 or 206 per cent.

* Read before Department of Health Officers, League of California Cities, San Diego, California, September 16, 1940.

There are no full-time local health departments in Nevada or Wyoming, but in other states of the area, the population served by local full-time health departments including county and city departments, varies from a low of 20 per cent of the total population in both Colorado and Montana to 100 per cent in both New Mexico and Utah. The percentage of the total population served in other states of the area is approximately as follows: Idaho 35 per cent, Washington 45 per cent, Arizona 75 per cent, Oregon 79 per cent and California 85 per cent.

During the early development of full-time county health departments in this area—from 1920 to about 1930—there were many changes in personnel employed in the public health field. These changes were doubtless due to several factors. First of all, full-time local health service was in its developmental stage and there was a lack of appreciation on the part of the lay public as to the objectives of public health programs. Secondly, in some states and in many counties there was a definite tendency on the part of both state and local appointive officials, from governors to local boards of supervisors, to look upon public health positions of all kinds as berths for political appointees who had served well as vote getters or had served useful lives in other fields of activity and needed a place to rest-out their old days. Fortunately for the public health movement this attitude on the part of appointive officials is rapidly changing and as it continues to change so will efficiency in public health administration improve.

While it is not meant to infer that all appointments to public health positions in the early nineteen twenties were made under the above circumstances, that many appointments were made for political reasons, or at least, without consideration for efficiency, was indicated by the frequent changes of all personnel, regardless of their degree of efficiency, with each succeeding change in political administration. Under the circumstances, and with no assurance as to tenure of office, there was little incentive for professional personnel to choose the public health field as their life's work.

I am not one who believes that theoretical training in public health is the sole factor which governs the success of the individual public health worker, or in all instances is responsible for greater efficiency in results obtained. On the contrary, after having observed over many years the accomplishments of public health workers, both trained and untrained in their respective lines of work, I am reminded of an old adage which was applied to success or failure in farming. It was, in effect, "there is more in the man

than there is in the land"; the same thought would apply to the public health worker. There is more in the makeup of the individual which will determine the degree of his success or failure than there is in all of the textbooks that have ever been written on public health. All things being equal, however, the public health worker with special training in his or her particular line of work will do better work by reason of having had that training than would be possible without it. There is no doubt but that the quality of service rendered by public health workers today is much better than it was when our state and local health programs were under the direction of health officers, nurses, sanitarians and others, the majority of whom were without either training or extensive experience in the public health field.

For about twenty years the Rockefeller Foundation has been granting fellowships to provide training for selected personnel in various lines of public health. Increased efficiency on the part of those public health workers who were given this special training by the Rockefeller Foundation has been responsible for a much greater demand for trained public health workers than the available supply. For this reason a provision was placed in the Social Security Act to permit the training of all classes of personnel who would be engaged in public health work of the West. In taking advantage of this provision of the Social Security Act the training of personnel has been most encouraging.

As of January 1, 1940, approximately four years after the Social Security Act became effective on February 1, 1936, the training status of public health workers of the area was as follows: In the eleven states and two territories comprising the Fifth District, 5 state or territorial health officers have completed at least one full year of special training and are holders of certificates or degrees in public health, 5 have had ten or more years of experience in public health administration and only 3 have had neither special training nor as much as ten years of experience.

Of 133 professional workers in the area who are holding administrative positions as directors in charge of the various divisions of the State Departments of Health, seventy-two, or 54 per cent, have had a full year of training or more and are holders of certificates or degrees, fifteen, or 11 per cent, have completed at least a half year of special training in their respective lines of work, twenty-four, or 18 per cent, have had no training but have had ten years or more of experience in full-time health work, and only twenty-two, or 17 per cent, have had neither special training nor as much as ten years of experience.

In local health work, of 82 full-time county health officers in the district, 34, or 41 per cent of the total, are holders of certificates or degrees in public health administration after completing a full year of training, 23, or 28 per cent, have had at least a half year of training, 8, or 10 per cent, have had no training, but 10 or more years of experience, and only 21 per cent of the total have had neither special training nor ten years of experience.

In public health nursing 45 of 53 nursing supervisors, or 85 per cent of the total, have completed a full year or more of training and are holders of public health nursing certificates or degrees. Of 616 staff nurses employed by official health agencies 397, or 65 per cent of the total, have completed a full year or more of training in public health nursing, and 128, or 21 per cent, have had some special training but not a full year, and only 14 per cent have had no special training.

In general sanitation, of 110 sanitary officers employed by official full-time health agencies in the area 73, or 66 per cent, of the total have received at least three months—one semester—of special training in accredited schools of public health, 6, or 6 per cent, have had ten years or more of experience and only 31, or 28 per cent of the total, have neither had special training nor as much as ten years of experience.

Including all classifications of professional public health workers employed in the area of official health agencies as of January 1, 1940, and in support of which agencies federal funds are used, of 993 professional workers a total of 547, or 55 per cent, are holders of certificates or degrees in their special lines of work, 246, or 25 per cent, have had some training but not a full year, 39, or 4 per cent, have had ten or more years of experience in full-time health service and only 161, or 16 per cent, are without any special training and have had less than ten years of experience.

The schools to which these professional public health workers have been sent for training are the leading universities in the United States, and the courses given are the best available. They include Johns Hopkins, Harvard, Yale, Columbia, Michigan and Minnesota universities in the East and the University of California on the Pacific Coast, for medical officers; Massachusetts Institute of Technology and Harvard University in the East, and the University of California at Berkeley for engineering personnel; the University of Michigan and Vanderbilt in the East, and the University of California at Berkeley for sanitarians and, for public health nurses, only

those schools of nursing which are approved by the National Organization for Public Health Nursing.

By reason of having been able to offer training to public health personnel with all expenses paid while trainees are in training, the state health officers have been in a position to carefully select personnel for training who have excellent general educational backgrounds. Where formerly it was next to impossible to interest young medical men in public health careers we now have in public health work many medical officers who are recent graduates from the leading medical schools of the country. Until a few years ago sanitary inspectors who had college or university training were a rarity—we were even fortunate to obtain high school graduates. At the present time in this area those who have entered the public health field within the past five years and who have not had one or more years of college or university training are in the minority—many of them have college or university degrees. The same is true for nurses who are entering the public health field. And most encouraging of all, our training program has been responsible for a considerable number of successful health workers who have been employed in public health work over a period of many years to seek special training in their respective lines of work.

There is no doubt but that the training program has been responsible, first, for bringing many young and well qualified professional people into the public health field; second, for improving the quality of service rendered by older public health employees who have recently taken advantage of training offered, and finally, for placing the general public health movement on a higher plane of efficiency. With the continuation of the present training program, we may look forward to a time in the not distant future when only qualified people will be considered for employment by official health agencies. It is then that preventive medicine and the promotion of public health will have become a recognized specialty of medicine with prescribed standards which all health workers must meet before being employed.

EQUINE ENCEPHALITIS REPORTED

During August, cases of encephalitis were investigated in Fresno, Tulare, Shasta, Sutter and Yuba counties. Epidemiological case histories were taken on 22 cases in Tulare and 34 in Fresno County.

While a child is acquiring an education he should be doing things he will have to do while he is earning a living.—H. Ford.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
September 28, 1940

Chickenpox

72 cases: Berkeley 2, Oakland 5, Oroville 1, Contra Costa County 2, Pinole 1, Eureka 1, Kern County 4, Kings County 2, Los Angeles County 3, Los Angeles 9, Madera County 1, Anaheim 1, Fullerton 1, San Diego 9, San Francisco 10, San Joaquin County 1, Stockton 2, San Luis Obispo County 6, Daly City 1, Redwood City 1, Santa Barbara County 1, Lompoc 2, Trinity County 1, Yolo County 4, Marysville 1.

Diphtheria

14 cases: Alameda County 1, Oroville 1, Kern County 1, Hanford 1, Huntington Park 2, Los Angeles 2, Bell 1, Corona 1, Colton 1, San Luis Obispo County 2, Sutter County 1.

German Measles

15 cases: Berkeley 1, Oakland 1, Fresno County 1, Eureka 1, Bishop 1, Los Angeles County 1, Long Beach 1, Los Angeles 1, South Gate 1, Santa Ana 1, San Diego 1, San Francisco 1, Lodi 1, Santa Cruz County 1, Visalia 1.

Influenza

19 cases: Los Angeles County 3, Burbank 1, Los Angeles 7, Mendocino County 1, Orange County 1, Indio 1, San Diego County 2, Santa Clara County 3.

Malaria

5 cases: Brawley 1, Merced County 1, Santa Maria 1, Winters 1, Yuba County 1.

Measles

54 cases: Oakland 2, Chico 3, Fresno County 1, Sanger 2, Eureka 1, Kern County 1, Lake County 2, Los Angeles County 1, Hermosa 1, Long Beach 1, Los Angeles 1, Redondo 1, Monterey County 2, Orange County 1, Riverside County 1, San Bernardino County 1, National City 1, San Francisco 7, San Luis Obispo County 3, San Luis Obispo 1, Santa Barbara County 12, Santa Barbara 3, Sutter County 2, Tulare County 1, Ventura 1, California 1.*

Mumps

114 cases: Oakland 7, Kern County 3, Hanford 3, Los Angeles County 16, Arcadia 3, Burbank 1, Glendale 4, Long Beach 3, Los Angeles 10, Pasadena 2, South Pasadena 1, Whittier 4, Torrance 1, Lynwood 1, Hawthorne 2, Merced County 1, Grass Valley 1, Orange County 2, Fullerton 6, Huntington Beach 4, Newport Beach 1, Orange 2, Santa Ana 1, Seal Beach 1, La Habra 1, Tustin 3, Corona 4, Sacramento 4, San Diego 1, San Francisco 4, Paso Robles 1, Burlingame 1, Palo Alto 1, San Jose 2, Shasta County 2, Sutter County 1, Tulare County 7, Woodland 2.

Pneumonia (Lobar)

29 cases: Berkeley 1, El Segundo 1, Los Angeles 14, Monterey County 3, Roseville 1, Riverside County 1, Sacramento 1, San Diego 3, San Francisco 2, Santa Barbara 2.

Scarlet Fever

76 cases: Alameda County 1, Berkeley 3, Oakland 2, Pittsburg 1, Placerville 1, Fresno County 2, Glenn County 1, Brawley 1, Kern County 6, Bakersfield 1, Delano 1, Hanford 1, Los Angeles County 11, Alhambra 1, Glendale 1, La Verne 2, Long Beach 1, Los Angeles 12, Monrovia 1, Pomona 1, San Gabriel 2, Whittier 1, Signal Hill 1, Orange County 1, Brea 1, Santa Ana 1, Placentia 1, Riverside County 1, Sacramento 3, San Bernardino County 2, Ontario 1, San Diego County 1, San Diego 3, San Francisco 2, San Joaquin County 1, San Luis Obispo County 1, Tulare County 1, Visalia 1.

Smallpox

One case: Santa Cruz County.

Typhoid Fever

8 cases: San Diego 1, Santa Clara County 2, Yolo County 5.

Whooping Cough

302 cases: Berkeley 3, Oakland 10, Contra Costa County 6, Fresno County 1, Sanger 1, Kings County 6, Los Angeles County 33, Alhambra 18, Claremont 1, Compton 1, Glendale 5, Huntington Park 1, Long Beach 3, Los Angeles 60, Pasadena 3, Pomona 8, San Gabriel 1, Santa Monica 2, Torrance 2, Hawthorne 1, South Gate 2, Maywood 1, Madera County 3, Monterey County 15, Monterey 7, Orange County 3, Fullerton 2, Santa Ana 5, La Habra 1, Tustin 1, Riverside County 2, Redlands 2, Chula Vista 2, San Diego 14, San Francisco 47, San Joaquin County 3, San Luis Obispo County 5, San Luis Obispo 3, Burlingame 1, Santa Barbara County 2, Santa Barbara 2, Santa Maria 2, Santa Clara County 1, Santa Cruz County 1, Trinity County 2, Ventura County 2, Ventura 5.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Meningitis (Epidemic)

One case: Los Angeles.

Dysentery (Amoebic)

3 cases: Los Angeles 2, Santa Barbara 1.

Dysentery (Bacillary)

10 cases: Fresno County 2, Los Angeles County 5, Los Angeles 1, Chula Vista 1, Santa Barbara County 1.

Ophthalmia Neonatorum

One case: Mono County.

Poliomyelitis

16 cases: Placerville 1, Los Angeles County 1, El Monte 1, Los Angeles 4, Santa Monica 1, San Bernardino County 1, Redlands 1, San Diego County 1, San Diego 3, San Francisco 1, Sutter County 1.

Tetanus

One case: San Gabriel.

Trachoma

One case: Fresno.

Encephalitis (Epidemic)

8 cases: Fresno County 2, Kings County 1, Merced County 1, Sacramento 1, San Diego 1, Sutter County 1, Tulare County 1.

Paratyphoid Fever

One case: Santa Clara County.

Trichinosis

One case: Long Beach.

Botulism

3 cases: San Joaquin County.

Jaundice (Epidemic)

One case: Eureka.

Food Poisoning

6 cases: Oakland 2, Manteca 2, Stockton 2.

Undulant Fever

12 cases: El Centro 1, Kern County 2, Los Angeles 4, Napa County 1, Anaheim 1, Plumas County 1, Santa Cruz County 1, Sierra County 1.

Coccidioidal Granuloma

One case: Stockton.

Relapsing Fever

One case: Sierra County.

Epilepsy

26 cases: Alameda County 1, Oakland 1, Los Angeles County 4, Los Angeles 16, South Gate 1, San Joaquin County 1, Stockton 1, Ventura County 1.

Rabies (Animal)

9 cases: Los Angeles County 1, Los Angeles 1, Hawthorne 1, San Diego County 2, San Francisco 1, Redwood City 1, Santa Cruz County 1, Tulare County 1.

ALIMENTARY PASTE SURVEYED

A general survey of the macaroni and egg noodle industry was conducted during August. More than 440 cases of egg noodles manufactured in Missouri were seized because of mislabelling and misbranding.

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